Initial Incentive Payment Form - PON 2097

65% of Approved Incentive Amount

Attachment D

Eligible Installer: _____ Wind Project Number: _____

Billing Address for Eligible Installer: _____

_____

Installation Company's Federal Identification Number: _____

Customer Name: _____

Installation Address: _____

_____

Date All Equipment is Delivered to Customer Site: _____

Total Approved Incentive Amount $ _____

Initial Incentive Payment Requested (65% of Total Approved Incentive) $ _____

Note: All wind system components and equipment must be delivered to the customer site within 120 days of when a customer incentive is approved by NYSERDA. If components and equipment are not delivered to the customer within 120 days, the incentive reservation may be revoked by NYSERDA. Installers may resubmit incentive requests for the same or different customer at any time while the program is open. Exceptions may be made on a limited, case-by-case basis.

This form must be completed to receive 65% of the approved incentive value for this customer's wind energy conversion system. Please attach a copy of the equipment packing slip for the wind equipment **signed by the customer,** to indicate that the all system components have been shipped to a customer's site, to the completed invoice form.

Checklist: (This form will be returned if the following are not included)

☐ Itemized packing slip for all system components signed by customer.

Certification Statement-

I certify that all information provided in this form, including all attachments, are true and correct to the best of my knowledge.

Customer Signature _____ Date _____

Installer Signature _____ Date _____

All Forms and Attachments should be sent to:

New York State Energy Research and Development Authority
PON 2097 – Attachment D
17 Columbia Circle
Albany, NY 12203-6399

FAXED FORMS WILL NOT BE ACCEPTED.

Forms and attachments may alternatively be e-mailed to SmallWind@nyserda.org.

For Internal Use Only

Date Received by NYSERDA _____

Completed Form and All Required Attachments _____ Yes ___No

Approved _____ Date _____

Denied _____ Date _____